

11-08-02

GP1633

EXPRESS MAIL NO.: EL61521375US

PTO/SB/83 (03-02)

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT**

Applicati n Number	09/930,329
Filing Date	August 14, 2001
First Named Inventor	Turpen
Group Art Unit	1633
Examiner Name	
Attorney Docket Number	00801.0103.DVUS02

RECEIVED

NOV 13 2002

TECH CENTER 1600/2900

To: Assistant Commissioner for Patents
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

Client has retained new counsel

APPROVED

William J. Halluin
5/16/02
11/29/02

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

CORRESPONDENCE ADDRESS

☐ Customer Number

OR

Place Customer Number
Bar Code Label here

<input checked="" type="checkbox"/> Firm or Individual name	Jonathan Quine				
Address	Quine Intellectual Property Law Group				
Address	2033 Clement Avenue, Suite 200				
City	Alameda	State	CA	ZIP	94501
Country	USA				
Telephone		Fax			

- ☒ This request is made on behalf of myself and
- ☐ all the attorneys/agents of record,
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number 27194

This request is enclosed in triplicate (including any attachments).

Name	Albert P. Halluin
Signature	<i>Albert P. Halluin</i>
Date	November 6, 2002

NOTE: Withdrawal is effective when approved rather than when received.

Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Please indicate receipt of the below-identified paper:

PTO

<input type="checkbox"/> New Application For:		Priority Date:	
<input type="checkbox"/> Foreign priority already claimed	Fee Amount: or any related fee not specified		
<input type="checkbox"/> Continuation	<input type="checkbox"/> CIP	<input type="checkbox"/> Divisional	CPA <input type="checkbox"/>
<input type="checkbox"/> Specification:		<input type="checkbox"/> Drawings:	
<input type="checkbox"/> Response to Office Action Dated:		<input type="checkbox"/> Final Rejection	
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<input type="checkbox"/> Assignment Enclosed	<input type="checkbox"/> Cert. of Timely Mailing	<input checked="" type="checkbox"/> Exp. Mail: EL615212175US	

IDENTIFICATION OF APPLICATION

Serial No.: 09/930,329	Responsible Attorney: APH/VTK
Title: TREATMENT OF PAPILLOMAVIRUS INFECTION	
Applicant: Turpen	Entered By: LG
Client: Large Scale	Firm File No.:00801.0103.DVUS02
Mailed: November 6, 2002 Filed: August 14, 2001	Due Date:

Please indicate receipt of the below-identified paper:

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